

John Philip Beard.

Died at ^{Town} *Liberty* ^{County} *Frederick* MARYLAND

Date 1902. ^{Month} *Jan* ^{Day} *16* ^{Y.} *74* ^{M.} *5* ^{D.} *14* ^{Native of} *Miller* ^{Occupation} *Miller*

^{Male} *White* ^{Married} *Widow* ^{Divorced} *None*

^{Female} *Colored* ^{Single} *Widower* ^{Number of children living} *None*

Husband of *Susan B. Hammis* 79

Wife of *Philip Beard* ^{Mother's} *Catharine Hogle*

Father's Name *Philip Beard* ^{Maiden Name} *Catharine Hogle*

Cause of Death { ^{Primary} *Valvular disease of Heart & Aorta* ^{How long sick} *One Year.*

^{Immediate} *Heart failure* ^{Accident, Suicide, Homicide} *None*

Reported by *J. Thomas Smith*

Address *Liberty town* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Town

County

Дієді

MARYLAND

Month

Day

Y

M

D

Native of

Occupation

Date 1902 June 29

Age 78 -

Ma - Febres -

Male

9822

Married

Abstract

Diversed

Figure 1

Colored

Significance

~~SECRET~~ 01

Number of children living

Husband

of *Hannie Oyler*

Father's

Mother's

Name _____

Maiden Name

Cause of

Primary

A. J. W. L. L. L.

How long sick

Six weeks -

Death

Immediate

Paraleptis -

Accident, Suicide, Homicide

Reported by

E. E. Phillips

Address

Island. • $\frac{11}{11}$ —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70994



Name in Full

Certificate of Death

Mr. H. Best

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Jan 17

Age 64

8 29

Md

Retired Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of Elizabeth Haller

Wife

Father's

David Best

Mother's

Name

Anna M. Lantz

Name

Cause of

Primary

Heart-disease

How long sick

One year

Death

Immediate

Angina Pectoris

~~Accident, Suicide, Homicide~~

Reported by

W. A. Shonette M.D.

Address

Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full

Certificate of Death

Elias Blickenstaff

Town

County

MARYLAND

Died at

Middle Point

Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

Jan - 11

Age 88 - 3 - 25

Md

Farmer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~ColoredSingle

Widower

Number of children living

2

Husband

of

Elizabeth Blickenstaff

Wife

Father's

Name

Mother's

Maiden Name

Rosanne Pratzman

Cause of

Primary

Senility

How long sick

2 weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

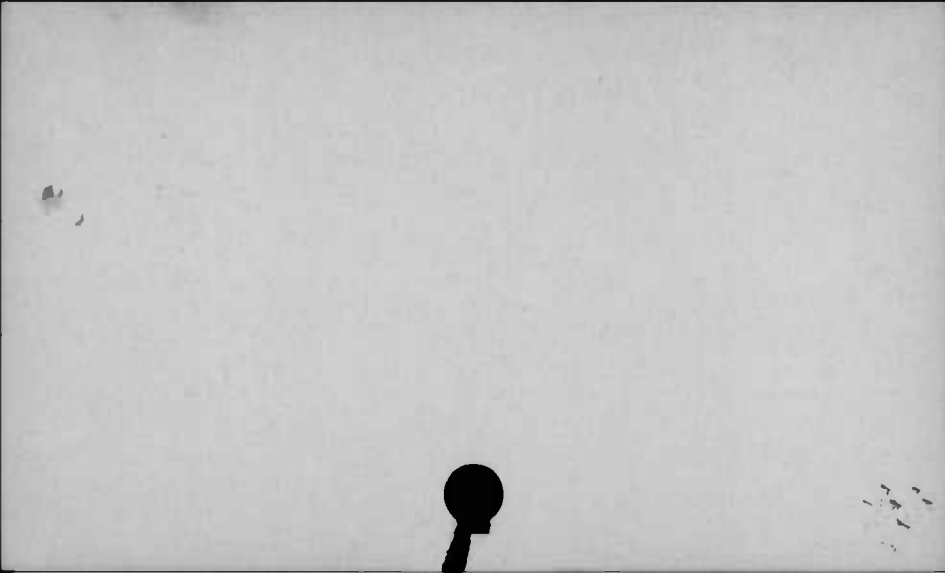
A. J. Smith

Address

Wolfsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Edward Bowles

Town

County

Died at

MARYLAND

Frederick

Frederick

Date 1802 Jan 14 Y. M. D. Native of Maryland Occupation Scientist

Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 8

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death Immediate

Collaps

How long sick.

5 minutes

Accident, Suicide, Homicide

Reported by

U. A. Sharrett M.D.

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Patient - was never examined or treated by any physician. Is the cause of hemorrhage is unknown. He was not exposed known to have an infection or tuberculosis.

LIBRARY BUREAU, 65965



Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

2

Month Day
Jan. 20th

Y.

M.

D.

Native of

Occupation

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Name in Full **Guadalupe Calderon**
 Town **Emmitsburg** County **Frederick** MARYLAND
 Died at **Emmitsburg**
 Date 19 **02** Month **1** Day **8** Age **38, 2.20** Native of **Mexico** Occupation **Religious**
 Male ☒ Female ☐ White ☒ ~~Colored~~ Married ☒ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living **none**
 Husband of **none** Wife **none**
 Father's Name **—** Mother's Name **—** Maiden Name **—**
 Cause of Death { Primary **Cancer of the Uterus** Immediate **Anaemia —** How long sick **one year** Accident, Suicide, Homicide
 Reported by **John B. Brown M.D.**
 Address **Emmitsburg Md.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Addie J. Chrismer
 Died at Emmitsburg Frederick MARYLAND
 Date 1902 1 7 32 U.S. Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living one

Husband of Edward Chrismer
 Wife Jessie Nussler Mother's Mary J. Wyrick
 Name Jessie Nussler Maiden Name Mary J. Wyrick
 Cause of Primary Acute Meningitis How long sick one week
 Death Immediate Coma 60 Accident, Suicide, Homicide

Reported by John B. Brummer, M.D.
 Address Emmitsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel David Crum

Died at ^{Town} Libertytown ^{County} Frederick MARYLAND

Date 1902 - 1 - 8 Y. 21 M. 11 D. 15 Native of Indiana Occupation Farmer

Male White ~~Married~~ Widowed ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

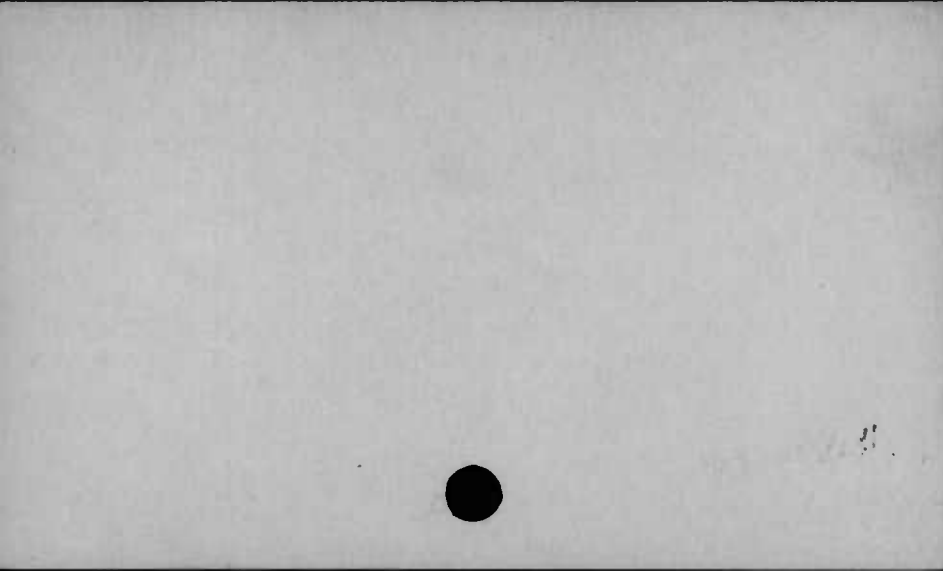
Mother's Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85683



Name in Full

Certificate of Death

Mary D & Chantal Darnall

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 18

Age 72

Md

Religious

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Bright's disease

How long sick

one year

Death

Immediate

~~Accident, Suicide, Homicide~~

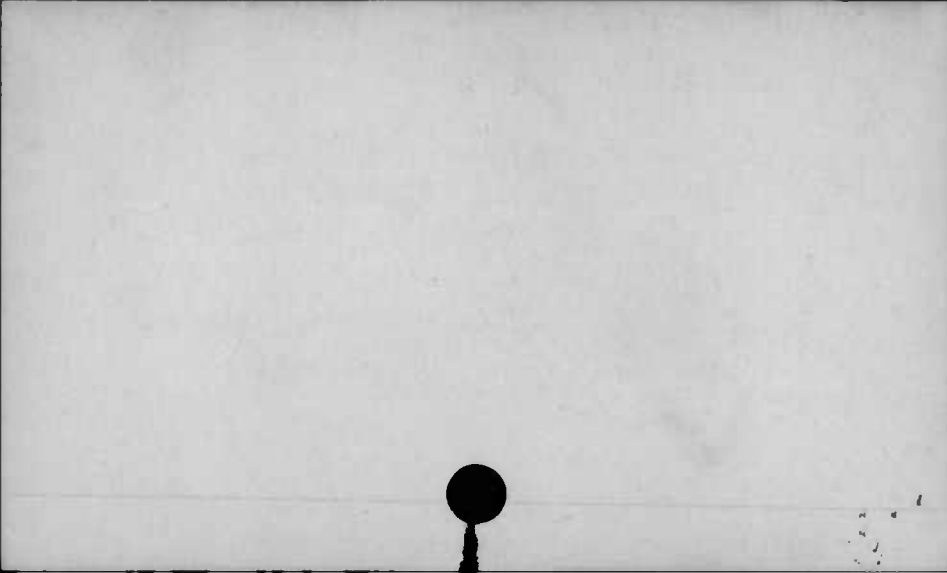
Reported by

Wm Crawford Johnson Md

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward V. Davis

Town

County

Died at *Fredrick**Fredrick*

MARYLAND

Date *1902* Month *1* Day *9* Age *39* Y. *X* M. *X* D. *X* Native of *Fredrick Md* Occupation *H. M. D.*

Male *White* *Married* *Widow* *Divorced*

Female *Crimed* *Single* *Widower* Number of children living *None.*

~~Widow~~ of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

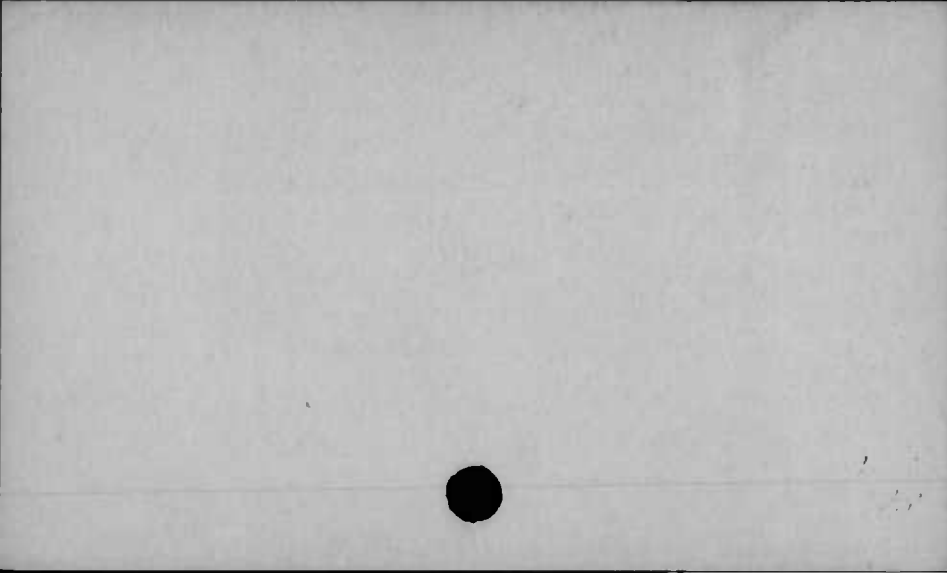
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full **Lavinia Davis**
 Town **Woodville** County **Frederick** **MARYLAND**
 Died at **Woodville**
 Date 1902. **Jan. 28th** Month **Jan.** Day **28th**
 Age **19.0.0** Y. **19** M. **0** D. **0**
 Native of **Maryland** Occupation **none.**
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐
 Number of children living **—**
 Husband of **—**
 Wife **—**
 Father's Name **Samuel T. Davis** Mother's Maiden Name **Lucinda Wilson**
 Cause of Death { Primary **Tuberculosis (General).** Immediate **General emaciation.**
 How long sick **2 years.**
 Accident, Suicide, Homicide ☒
 Reported by **J. W. Lacy, M.D.**
 Address **Lisbon, Md.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant

Died at *Near* Town *Frederick* County *Frederick* MARYLANDDate 19 *2* *Jan.* *27th* Y. *3* M. *3* D. *3* Native of *—* Occupation *—*
 Male *White* Married *Widow* Divorced, *—*
 Female *Colored* Single *Widower* Number of children living *—*Husband of *—*
 Wife *—*Father's Name *John H. Delaughter* Mother's Name *Annie C. Mann*Cause of Death { Primary *Premature Birth* How long sick *3 days*
 Immediate *Asphyxia* Accident, Suicide, Homicide *—*Reported by *Frank*Address *Frederick*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Daniel Derr

Died near Middletown Town Frederick County MARYLAND
 Date 1902 Month June Day 10 Y. 89 M. 10 D. 16 Native of Frederick Occupation Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single Widower Number of children living 5

Husband of Elizabeth C. Coker
 Father's Name Paul Derr Mother's Name Mary Ann Long
 Cause of Death { Primary Old Age
 Immediate Exhaustion
 How long sick 1 Year
 154
 Accident, Suicide, Homicide

Reported by J. B. Beath, M.D.
 Address Middletown Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clarence E. Derr,
 Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick* Month *1* Day *5* Y. *32* M. *7* D. *0* Native of *Id* Occupation *Moulder*
 Date 19*07* Male White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *none*

Husband of *Gertude Bryan*
~~Wife~~

Father's Name *Charles Derr* Mother's Name *Alice R. Bailey*
 Maiden Name

Cause of Death { Primary *Angina Pectoris* How long sick *6 months*
 Immediate *Paralysis of Heart* Accident, Suicide, Homicide

Reported by *S. V. H. Hume, M.D.*

Address *Frederick, Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



61

Mr. Marcella - Amsey -

Town

County

Died at

Frederick City

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1

27

Age

54

U.S.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widowed

Number of children living

Five

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Laryngeal Phthisis 2

Tuberculosis (1)

How long sick

One year

Accident, Suicide, Homicide

Reported by

Franklin Buchanan Dwyer

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Doyle Infant

Town Frederick County Frederick MARYLAND

Died at Frederick

Date 1902 Jan. 18th Year 1902 Month Jan. Day 18th Age 1. Y. 1. M. 1. D. 1. Native of Md Occupation

Male Male White White Married Married Widowed Widowed
 Female Female Colored Colored Single Single Widower Widower Number of children living

Husband of 151
 Wife of 151

Father's Name Robert Doyle Mother's Name Mary Hoayle

Cause of Death { Primary Congenital Atelectasis How long sick 24 hours
 Immediate Asphyxia Accident, Suicide, Homicide

Reported by F. H. Hedges M.D.,
Frederick Md.

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55082

Funeral

Monday

Mt Olinth Cemetery

A J R ne & Son
7 A.

Name in Full

Certificate of Death

William Duval

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 15

Age

31 +

U.S.

Maggie

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

1

Husband of

Father's

Mother's

Name

Maiden Name

Edward Duval

Miss Maggie Young

Cause of

Primary

Tuberculosis of Lungs.

How long sick

1 year

Death

Immediate

Apnoea

Accident, Suicide, Homicide

Reported by

Franklin Buchanan Dwyer M.D.

Address

City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Mary Angelina Etzler
 Town County

MARYLAND

Died at *Mt Pleasant**Frederick*

Date *1903* Jan 30 Y. 71 M. 9 D. 17 Native of *Maryland* Occupation *Housewife*
~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Number of children living *nine*
 Female ~~Colored~~ ~~Single~~ ~~Widowed~~

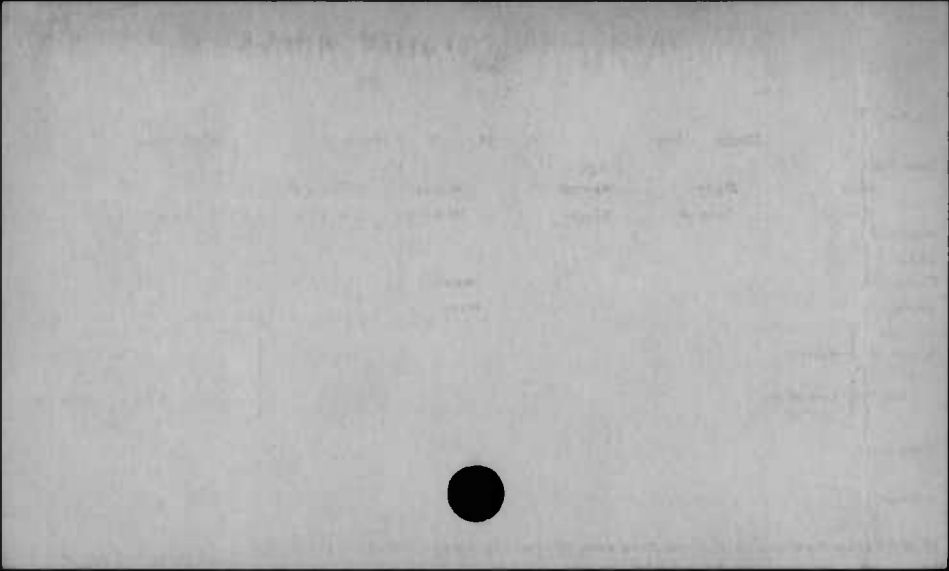
Husband of *Daniel Etzler* Mother's Name *Rachel C. Ashbaum*
 Wife of *Daniel Etzler*
 Father's Name *Adam Ashbaum*

Cause of Death { Primary *Cancer of the bowels* How long sick *Over two years*
 { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *A. E. Stone*
 Address *Mt Pleasant Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



TO BE ANSWERED BY
NEAREST FRIEND

Hester A. Feaga

CERTIFICATE OF DEATH

Died at		Town <i>Bradinich</i>		County <i>Bradinich</i>		MARYLAND	
Date of death 190		Month <i>2</i>	Day <i>5</i>	Age <i>84</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Md.</i>	
Married, Single or Widowed	<i>Married</i>			Occupation	<i>Housewife</i>		
Name of Wife or Husband	<i>Wm. M. Feaga</i>						
Father's Name	<i>Charles Preston</i>					Father's Birthplace	<i>Md.</i>
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>S. P. Haffner</i>					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>11 days</i>
Immediate	<i>Asthemia</i>	How long	<i>66</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. P. Haffner, M.D.</i>
		Address	<i>Bradinich Md.</i>
Accident or Suicide?			

W¹-Olive-Cemetery

Wednesday 7 of Jan.

CCCarly

Mattie Ella Elizabeth Fute
 Town _____ County _____

Died at

Indersuch City

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 11

Age *22 6 14*

U.S.

Factory

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

WidowerNumber of children living

Husband

of

Wife

Father's

Name

Wm C Fute

Mother's

Maiden Name

Catherine Peaster

Cause of

Primary

Tuberculosis (Genes)

How long sick

5 mo -

Death

Immediate

Exhaustion

Accident, ~~Swindle~~, Homicide

Reported by

Franklin Buchanan Smith M.D.

Address

Indersuch

MS.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Frank Fisher

Town

County

Died near Urbana, Frederick MARYLAND

Date 1902 Jan. 4 Age 61

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Native of Occupation Laborer

Female ~~Colored~~ Single Number of children living 6

Husband of Rebecca Williams

Wife

Father's Name Frank Fisher Mother's Maiden Name Sylvia Wilson

Cause of Death { Primary Immediate Pneumonia } How long sick one week.

Accident, Suicide, Homicide

Reported by E. E. McEllisley M.D.

Address Urbana - Maryland -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anna Fletcher

Town

County

Died at

MARYLAND

Died at *Boothsville* *Fredrick*
 Date 189 *1902* Month *1* Day *17* Age *61* Y. M. D. Native of *Ind* Occupation *Housewife*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* *Widower* Number of children living *four*

Husband of *Washington Fletcher*
 Wife of *Joseph Fletcher* Mother's Name *Maynet Green*
 Father's Name

Cause of *Primary Tuberculosis* How long sick *3 months*
 Death *Immediate* Accident, Suicide, Homicide

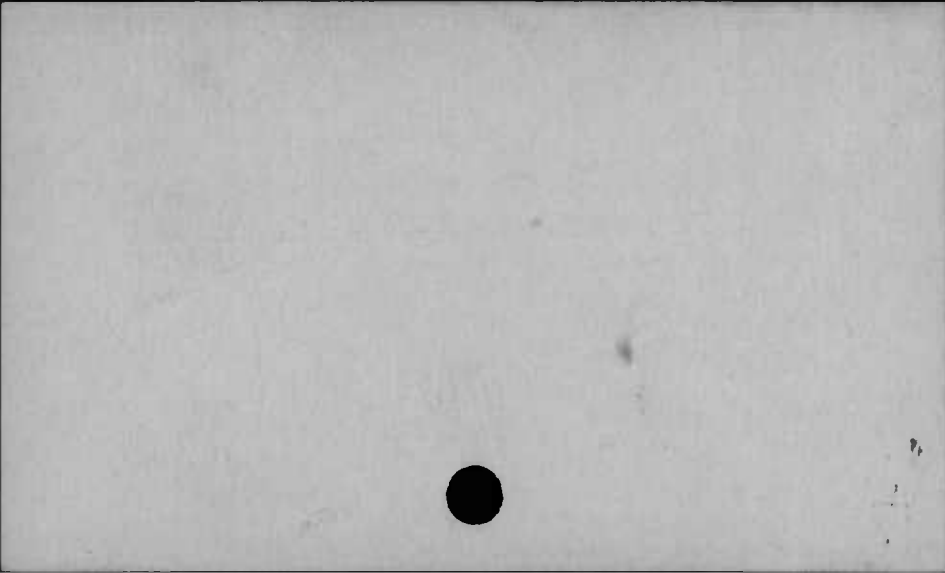
Reported by

Address

O. S. Fletcher Ind.
Brownish Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968



Name In Full

Certificate of Death

Grace A. Forsyth

3

Died at

New London

Town

County

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1

27

Age

1

2

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Walter Forsyth

Mother's

Maiden Name

Fannie E. Dorsey

Cause of

Primary

Pulmonary Tuberculosis

How long sick

9 weeks

Death

Immediate

~~Accident Suicide Homicide~~

Reported by

Gowney & Hopkins

Address

New Market

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Anna T. Freze

Died ^{Town} *Mar Thumant* ^{County} *Frederick* MARYLAND

Date 1892 ^{Month} Jan ^{Day} 15th Age ^{Y.} 29. ^{M.} 6. ^{D.} 12 Native of *Ind^a Co* Occupation *—*

~~Male~~ ^{White} ~~Female~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ Number of children living *3*

Husband of *Luther Freze*
 Wife *Luther Freze*
 Father's Name *Joseph Martin* Mother's Name *Anna B. Harmon*

Cause of ^{Primary} *Consumption* How long sick *one year*
 Death ^{Immediate} *Y* Accident, Suicide, Homicide

Reported by *James R. Gralton M. D.*Address *Thumant - Ind^a Co. Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Gates

Town

County

Died at

Montgomery Hospital

Frederick

MARYLAND

Date 1902.

Month Day

1-19

Y.

M.

D.

Age

82

X

X

Native of

Md.

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widowess~~

Number of children living

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dropsy

How long sick

1 Day at Hospital

Death

Immediate

Cardiac Asthenia

~~Accident, Suicide, Homicide~~

Reported by

H. P. Fahrney
Frederick

M.D.

Address

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Walkersville

Jacob Perry

Name In Full

Certificate of Death

Ethel V.

Gladhill

Town

County

Died at

Sabillasville

Frederick

MARYLAND

Date 1902

Month

Day

Jun 22

Age

Y.

M.

D.

3 14

Native of

Sabillasville

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Grant Gladhill

Mother's

Maiden Name

E. G. Miller

Cause of

Primary

Whooping Cough

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. L. Bachter

Address

Sabillasville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John Austri Green

Town

County

Died at Frederick Frederick

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 19 07 - 1 - 1 - Age 0 - 0 - 3

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name Enoch Green

Mother's

Maiden Name Anna McHale

Cause of

Primary

asthenia

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. P. Fahrney
FrederickM.D.
M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Thomas Franklin Battle Grossmiller

Died at

Morton

County

Adams

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1-4

Age

27-8-28

Md.

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living —

~~Husband~~ of~~Wife~~

Father's

Name

Peter Grossmiller

Mother's

Maiden Name

Maria Grossmiller

Cause of

Primary

How long sick

8 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Ralph Bradburn

Address

Myersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898



Name in Full

Certificate of Death

Samuel Hall

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1

1

Age

22

Md

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

0

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis of bowels

How long sick

Two months

Death

Immediate

Exhaustion

29

~~Accident, Suicide, Homicide~~

Reported by

Dr Wm Crawford Johnson
Frederick Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Mary Amanda Hankey

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1

12

Age

81

6

13

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Three

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Capillary Bronchitis

How long sick

3 days.

Death

Immediate

Syncope

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Luther Kenton Harrison

Town

County

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Jan.	14	2.	10		Ma	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's

Name

Edward Harrison

Mother's

Maiden Name

Ida Harrison

Cause of

Primary

Acute Indigestion

How long sick

3 days

Death

Immediate

Gastric meningitis

~~Accident, Suicide, Homicide~~

Reported by

Levin Wash

Address

Brunswick

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

JAN 14 1902

4 30 P M

Name in Full

Certificate of Death

²²
 Catterbridge Horsey -

Town

County

MARYLAND

Died at Burkittsville

Frederick

Date 1902 1 5

Age 83-

Y. M. D.

Native of

Occupation

Farmer

Male

White

Married

~~Widower~~~~Number of children living~~

Widower

Number of children living 6-

Husband of

Wife

Father's

Name

Catterbridge Horsey

Mother's

Name

1514
 Eliza Lee

Cause of

Primary

Cardiac Asthenia

How long sick

Two days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jno. T. Gibson M.D.

Address

Burkittsville Md

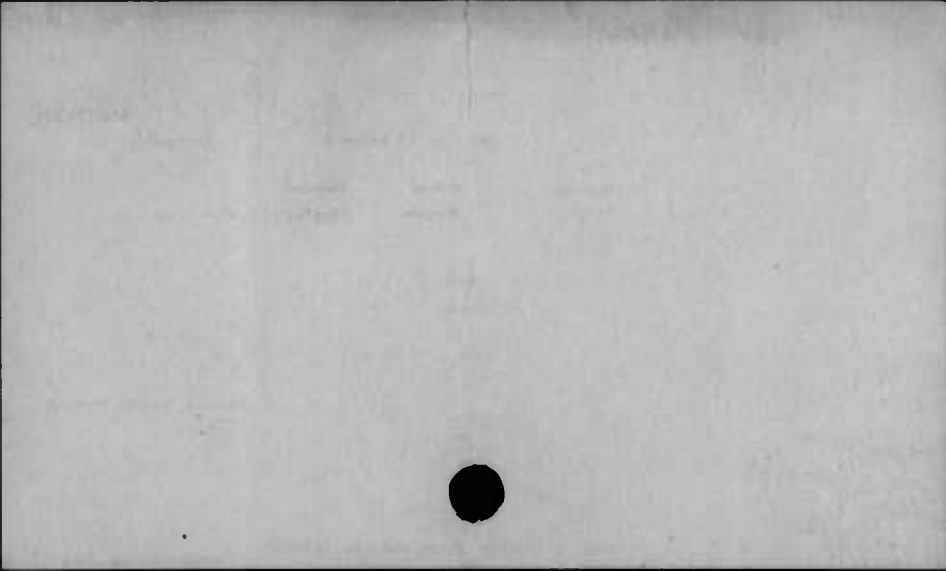
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Catharine Honck
 Town County
 Died at Mt Pleasant Frederick MARYLAND
 Date 1202 1892 Month Jan Day 9 Y. 79 M. 0 D. 0 Native of Maryland Occupation Housekeeper
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living none
 Husband of Daniel Honck
 Wife of Daniel Honck
 Father's Name George Kuntzman Mother's Name Mary Kuntzman
 Cause of Death { Primary General Debility & 10 years How long sick
 Immediate Apoplexy Accident, Suicide, Homicide
 Reported by H. E. Stone
 Address 111 Pleasant Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Arthur Jenkins*
 Died at *Frederick* Town *Frederick* County *1* MARYLAND

Date *1902* 1902 Month *1* Day *8* Y. *—* M. *20* D. *20* Native of *md* Occupation *X*
 Male *White* Married *Widow* Divorced *X*
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of *X*
 Wife *X*
 Father's Name *Unknown* Mother's Name *Louisa Jenkins*

Cause of Death { Primary *Probably Capillary Bronchitis* How long sick
 { Immediate *Wasp stung under arm after death* *Instantaneous Homicide*

Reported by *C. J. F. Jones, M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Funeral at Laboring
Bonds

Name
in
Full

Walter Jones

CERTIFICATE OF

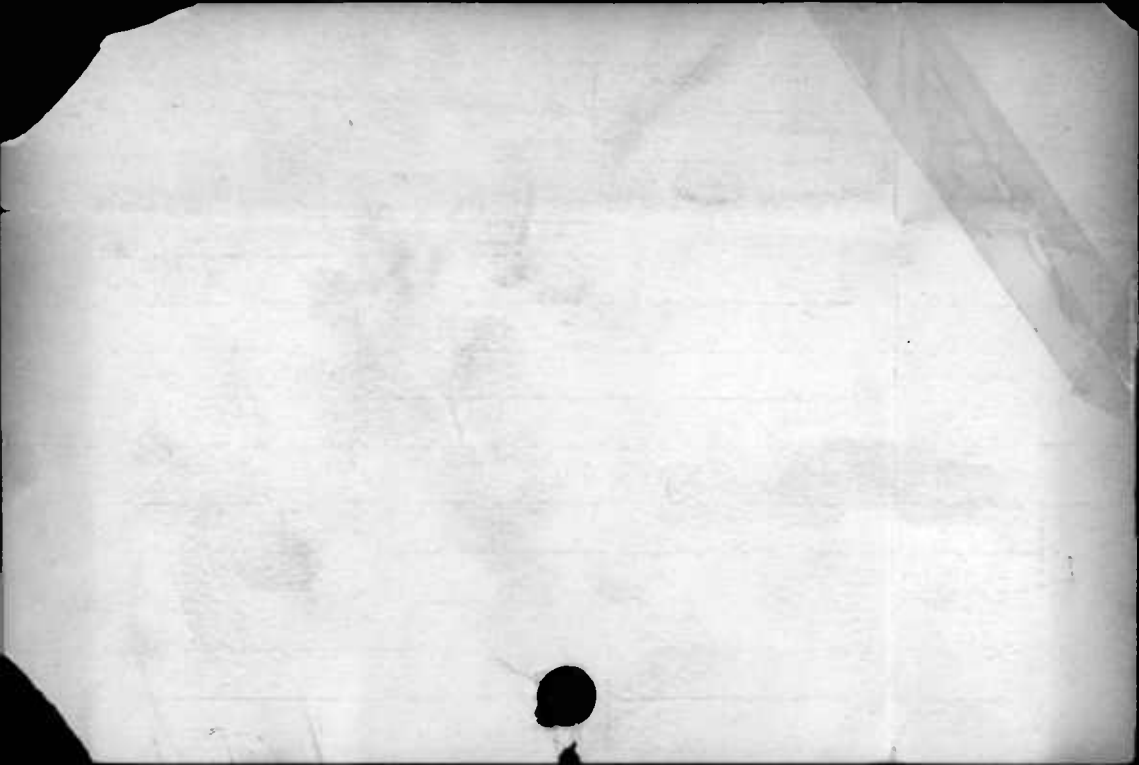
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	1902	Month	Jan	Day	2
				Years	Age 19
Sex	Male		Color or Race	Colored	
			Birth-place		
Married, Single or Widowed	Single		Occupation	Basketmaker	
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Adenitis</i>	How long	<i>About 2 yrs</i>
Immediate	<i>Pulmonary tuberculosis</i>	How long	<i>About 6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. M. Guadalupe M.D.</i>	
		Address	
		<i>Frederick Md</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Chas. E. Harvold

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

Male

White

Married

Widow

Divorced

Number of children living

~~Female~~~~Colored~~~~Single~~~~Widower~~

Lives

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Neuritis & Bright's Disease, 17 yrs -

Death

Immediate

Asthma - 100

~~Acute, Chronic, Homicide~~

Reported by

E. E. Mullins M.D.

Address

Abraham - Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70003



Jordiah Kline

Town

County

MARYLAND

Died at near Walfrille

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 13

Age

61-3-23

America

Farmer,

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Susie Kline

Father's

Name

Daniel Kline

Maiden Name

Rebecca Warrenfeltz

How long sick

Cause of

Primary

Congestion of the lungs & Heart

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Address

79

J. L. Jarboe M.D.
Switzburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susanah Lightner

Town

County

Died at

Lewistown

Jeff

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

31

Age

87

13

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Frederick Lightner

Wm. Miles

Catharine Lerner

Cause of

Primary

General debility

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. D. Nightingale M.D.

184

Address

Lewistown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name In Full

Certificate of Death

Beatrice Gertrude Lingg

Town

County

Died at Emmittsburg, Frederick

MARYLAND

Date 1892 Month June Day 9th Age 0.6- Native of Ind Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

WidowerNumber of children living

Husband
of
Wife

Father's
Name
George Lingg

Mother's
Name
Lida Lingg

Cause of Primary

How long sick

6 months

Death Immediate

Accident, Suicide, Homicide

Marasmus -

Reported by Dr. D. E. Stone

105

Address Emmittsburg Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



23

Infant Child.

Town

County

Died at

MARYLAND

Date 19 02 Month 1 Day 9 Age — Y. — M. — D. 1 Native of md Occupation Infant
~~Male~~ White ~~Marrried~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
Wife

Father's Name George Clarence Maynard Mother's Name Annie E Bours

Cause of Death { Primary Infebble Heart action How long sick Six hours
 { Immediate 151 ~~Accident, Suicide, Homicide~~

Reported by

Address

Levern WestBrunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

JAN 9 1902

6 P.m

Certificate of Death

me In Full
Lloyd Thomas Nelson

Died at <u>Point of Rock</u>		County <u>Frederick</u>		MARYLAND	
Date <u>1902</u>	Month <u>Jan</u> Day <u>21</u>	Y. <u>44</u>	M. <u></u>	D. <u></u>	Native of <u>Maryland</u>
Occupation <u>Laborer</u>					
Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	White <input checked="" type="checkbox"/>	Colored <input type="checkbox"/>	Married <input checked="" type="checkbox"/>	Single <input type="checkbox"/>
Widow <input type="checkbox"/>		Divorced <input type="checkbox"/>		Number of children living <u></u>	

Husband of
Wife

Father's Name Lloyd Nelson Mother's Name Linnie O'futt

Cause of	Primary	Valvular Disease of Heart	How long sick	Two week
Death	Immediate	Constriction of Lungs	Accident, Suicide, Homicide	

Reported by R. W. Gabrielle M.D.

Address: Penikese River Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79899



Name in Full

Certificate of Death

Samantha America Nikiuk

Town

County

MARYLAND

Died at

Myersville

Frederick

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1-18

Age 41-5-2

Md.

Housekeeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

10 yrs

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

Ralph Branning

Address

Myersville,

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Calvin Kustbaum.

Died at ^{Town} *Liberty Dist* ^{County} *Fredrick* MARYLAND

Date 19 *02.* ^{Month} *Jan* ^{Day} *3* ^{Age} *57* ^{Y.} *13.* ^{M.} *Fred Co* ^{D.} *Sadler.* ^{Native of} ^{Occupation}

Male *White* Married *Widow* Divorced *Widower* Number of children living *1.*

~~Female~~ ~~Colored~~ ~~Single~~

Husband of *Fanny Lease*

Wife

Father's Name *Daniel Kustbaum* Mother's Maiden Name *Sarah Boring*

Cause of Death { Primary *Asthma.* Immediate *Heart failure.* How long sick *24 hours* ~~Accident, Suicide, Homicide~~

Reported by *J. Thomas Smith*

Address *Liberty town Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



11

Name In Full

Certificate of Death

(Infant) *Nuss*
 Died at *Frederick* Town *Frederick* County *Frederick* MARYLAND

Date 19 *02* Month *1* Day *21* Age *-* Y. *-* M. *-* D. *3* Native of *Ud.* Occupation *-*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *-*

Husband of

Wife

Father's Name *Millard H. Nuss* Mother's Maiden Name *Eva May Drouenburg*

Cause of Death { Primary *Convulsions* How long sick *14 hours*
 Immediate *Spura* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rose Ann Palmer

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Jan 10

Age

73

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full

Certificate of Death

Lloyd Peach
 Town *Monrovia* County *Frederick*
 Died *near Monrovia* *Frederick* MARYLAND

Date *1902 Jan 10* Month *Jan* Day *10* Y. *44* M. D. Native of *Fred. Co Md* Occupation
 Male *Widow* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female *Colored* ~~Single~~ Widower Number of children living

Husband
 of
 Wife

Father's Name *Richard Peach*

Mother's Name *Millie*

Cause of *Primary* *177* How long sick
 Death *Immediate* *Drowning* Accident, Suicide, Homicide

Reported by *J. G. R. for Dr. Riggs*
 Address *Ginnelle Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

100

Name in Full

Certificate of Death

Died at

Date 1902

Male

White

Married

~~Widow~~~~Divorced~~

Husband of

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

William H. Phelps

Town

New Market

County

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1 28

Age 61 4

Md Stego Driver

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Ellen Phelps

Peter Phelps

Mother's Maiden Name

W. C. Craft

How long sick

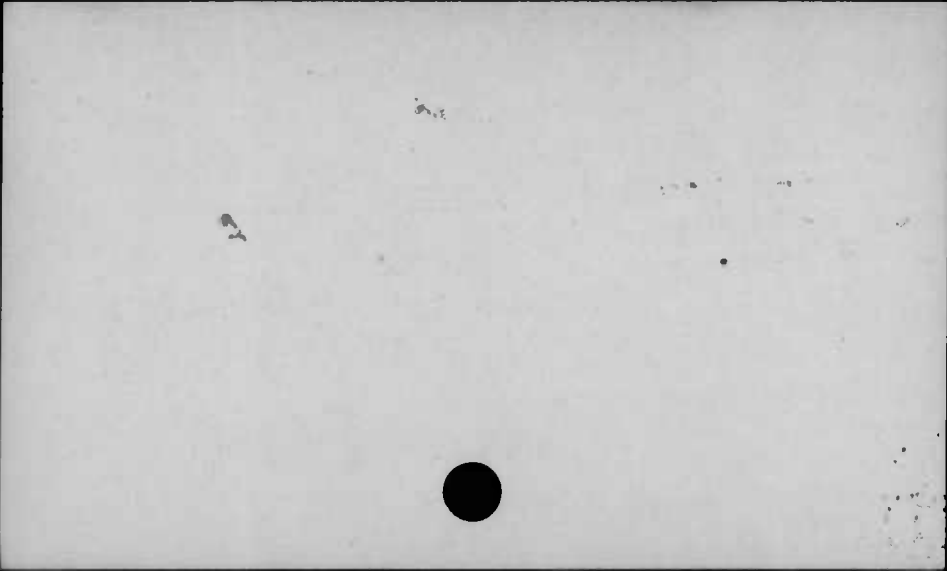
80
Died Suddenly~~Accident, Suicide, Homicide~~

Angina Pectoris

Korner & Hopkins

New Market

Maryland



Name In Full

Certificate of Death

Rosa Florence Pickett									
Died at			Town Rocky Ridge		County Frederick		MARYLAND		
Date		Month Jan		Day 2		Y. 1902		Age 28 9 6	
Male		White		Married		Widow		Divorced	
Female		Colored		Single		Widow		Number of children living 4	
Husband of		Thomas W. Pickett							
Wife		Sarah Harsher							
Father's Name		Zacharias Brashear				Mother's Name			
Cause of		Primary Pneumonia & Abortion						How long sick 1 week	
Death		Immediate Heart failure						Accident, Suicide, Homicide	
Reported by		J. D. S. Young M. D.							
Address		Calegersstown Fredk' b &							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thas E. Pope

Town

County

MARYLAND

Died at

Fredens

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1

17

Age

73

Fredens M. M. M.

Male

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

Husband

Martha Pope

Father's

Mother's

Name

Name

Cause of

Primary

General Debility

How long sick

Several years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

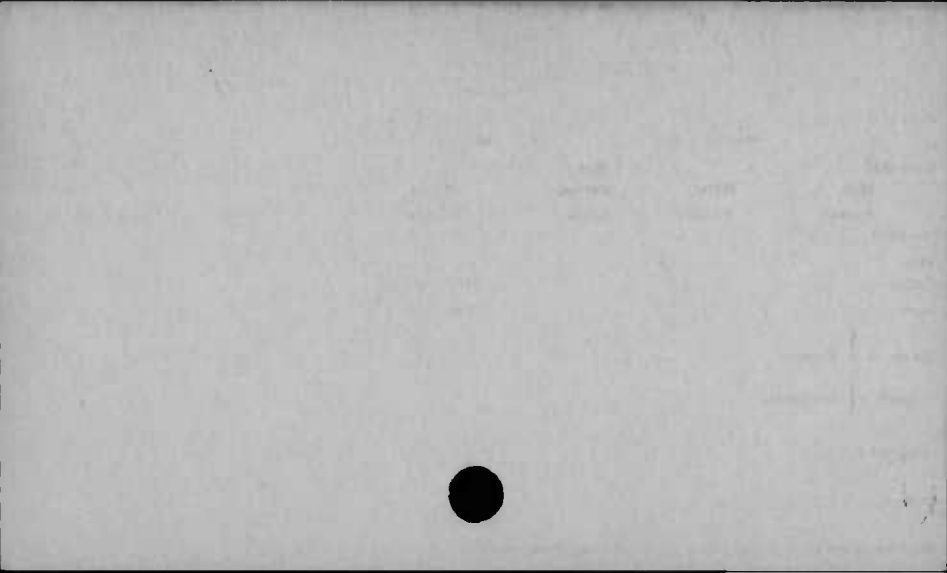
W. G. M. Thomas

Admitted

*Fredens**Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908



Moses Posey

Died at *Monteune Hospital* Town *Frederick* County *MARYLAND*
 Date 1902. *1-18* Month *1* Day *18* Y. *26* M. *—* Native of *Md.* Occupation *Laborer*
 Male *White* Married *Widow* ~~Divorced~~ *Widow* Number of children living *none*
 Female *Colored* Single *Widow*

Husband of *Fanny Posey*
 Father's Name *Patrick Posey* Mother's Maiden Name *Charity Johnson*
 Cause of Death { Primary *Tuberculosis* Immediate *Gastricemia* How long sick *at Hospital 3 days*
 Accident, Suicide, Homicide

Reported by

W. P. Fahmy md
Frederick md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mildred Powels

Town

County

Died at

Unionville Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 13

Age

52 years

Md Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~

Husband

of Andrew Powels

Wife

Father's

Name

Stratton Thomas

Mother's

Maiden Name

Alcida Walden

Cause of

Primary

Gastric fever

How long sick

6 days -

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Thomas P. Sappington M.D.

Address

Unionville

Maryland -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elmer Price

Town

County

MARYLAND

Died at Hall Town Lock Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1 27

Age

30

Md.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

John Price Matilda Scott

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

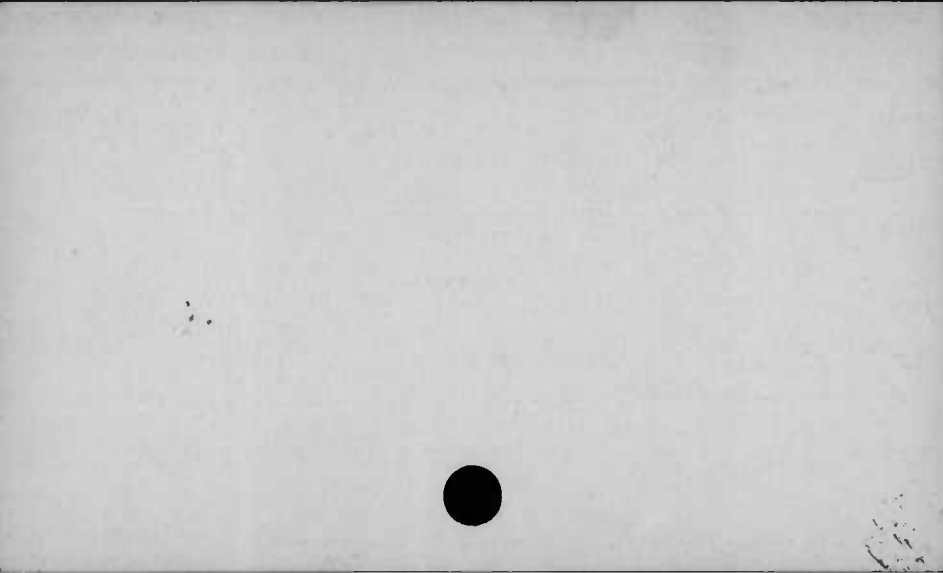
M. R. Etchison

Address

Jefferson Lock Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.
LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charles Albert Raueburg

Town

County

Died at

Harrison Grove

Frederick

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

12 6

Age 29-5-20

Md. Farmer,

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living none

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Gideon J. Raueburg

Alice Shellman

Cause of

Primary

Phrenic Bright's Disease

How long sick

Seven Months

Death

Immediate

Asthenia

~~Accident, Suicide, Homicide~~

Reported by

S. P. Haffner, M.D.
Frederick,
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Ann Reeves

Died at ^{Town} Emmitsburg ^{County} Frederick

MARYLAND

Date 1902 Jan 7 Y. M. D. Native of Md Occupation House woman

Male White Married Widowed Divorced

Female Colored Single Widowed

Number of children living 2

Husband of
WifeFather's
NameMother's
Maiden Name

Cause of Primary

Death Immediate Heart disease

How long sick

~~Accident, Suicide, Homicide~~

Reported by Robert L. Trivett M.D.

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robinson

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 19

02-1-7

Age

Y. M. D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Geo W Robinson

Mother's

Maiden Name

Myra Smith

How long sick

Cause of

Primary

Still Birth

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. P. Fahrney

md

Address

Frederick

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

02 1 26 Age 83.9. ~~St. Mary's~~ ~~Ministry~~ Laborer
 Male White Married ~~Widow~~ ~~Stricken~~
~~Female~~ ~~Colored~~ Single Widower Number of children living 9

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Angina Pectoris

How long sick

4 days

Death

Immediate

~~Accident Suicide Homicide~~

Reported by

Dr Wm Crawford Johnson

Address

1
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full *Mary A Shipley*
 Died at *Yanierville* *Franklin* Co *MARYLAND*
 Date 19*02* *Jan* *11* Y. *89* M. *2* D. *26* Native of *MD* Occupation *Housekeeper*
 Male *White* Married *Widow* ~~Divorced~~ Number of children living *4*
 Female *Colored* ~~Single~~ ~~Widower~~
 Husband of *Isaac Shipley*
 Wife *Isaac Shipley*
 Father's Name *Adam Bryan* Mother's Maiden Name *Cordelia Baker*
 Cause of Death { Primary *paralysis* How long sick *154*
 Immediate *Old age* Accident, Suicide, Homicide
 Reported by *J. W. Peters Undertaker*
 Address *Dyersburg MD A.F.D. Route # 22*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Smith

Town

County

Died at

Indiana

Indiana

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 22

Age

1 11

Indiana

X

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Charles Smith

Mother's

Maiden Name

Lizzie Broder

Cause of

Primary

Mononucleo-pneumonia

How long sick

3 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

J. B. Johnson M.D.

Address

Indiana

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charlotta Ann Stansberry

Died at ^{Town} Mt Pleasant ^{County} Frederick MARYLAND

Date 1903 Jan 17 Age 24 Y. 0 M. 0 D. 0 Native of Maryland Occupation Housekeeper
Male White Married Widow Divorced
Female Colored Single Widower Number of children living none

Husband of Lot Stansberry
Wife

Father's Name Mother's Name 120

Cause of Death	Primary	Bright's Disease	How long sick
	Immediate	Dropsy	Accident, Suicide, Homicide

Reported by H E Stone

Address 1 Mt Pleasant Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Husband of

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Name in Full *George W. Thomas*
 Town *Indian* County *Fredrick*
 Died at *Indian* *Fredrick*
 Date 1902 *Jan 31* Month *Jan* Day *31* Y. *Y.* M. *M.* D. *D.* Native of *Ind* Occupation *Labourer*
 Male *Male* ~~Female~~ *White* ~~Colored~~ Married *Married* ~~Single~~ Widower *Widow* ~~Widow~~ Divorced *Divorced* Number of children living *3*
 Husband of *Louise*
 Father's Name *Louise* Mother's Maiden Name *120*
 Cause of Death { Primary *Bright's* Immediate *Indurina* How long sick *several years.* Accident, Suicide, Homicide
 Reported by *J. B. Johnson, M.D.*
 Address *Indian Ind*



Name in Full

Certificate of Death

Lucinda Thompson

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

1-20

X 7 X

Frederick

Chow

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widow~~

Number of children living 10

Husband of

+ + + + +

Wife

Father's

Name

Samuel Thompson

Mother's

Maiden Name

Jackson

Cause of

Primary

Acute Meningitis

How long sick

16 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. A. Loney
City

61

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Margaret Thompson

5

Town

County

Died at

New Market

Frederick

MARYLAND

Date 19

97

Month

Day

1 30

Age

Y.

M.

D.

Native of

Occupation

50

Md. Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Husband~~

of

Robert B. Thompson

Wife

Father's

Name

Thomas Molanuth

Mother's

Maiden Name

Mary Ann Cain

Cause of

Primary

Tuberculosis

How long sick

2 years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J W Downey M.D.

Address

New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Walter Leroy Veery*
 Town *Jefferson* County *Frederick* MARYLAND
 Died at *Jefferson* Month *Jan* Day *7* Y. *2* M. *3* D. *23* Native of *Md.* Occupation
 Date 19 *02* Age *23*
 Male ☐ White ☐ Married ☐ Widowed ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *none*
 Husband of _____
 Wife _____
 Father's Name *Chas. H. Veery* Mother's Maiden Name *Nellie F. Rice*
 Cause of Death { Primary *Diphtheria* Immediate *Heart Failure* How long sick *4 days* Accident, Suicide, Homicide
 Reported by *H. Boteler, Gross M D*
 Address *Jefferson Frederick Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Elizabeth Wacter

Town

County

Ellerton

Frederick

MARYLAND

Date 1902 -

Month Day

1 - 14

Age

78 - 10 - 8

Native of

Md.

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Dr. Leander Wacter

Henry Anders

Elizabeth

Cause of

Primary

Immediate

Heart Failure

How long sick

5 days

~~Accident, Suicide, Homicide~~

Reported by

Ralph Brauning

Address

Myersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Ann Harner

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Eight

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

5 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



70

Certificate of Death

Husband of			
Wife			
Father's Name	<i>E. A. Whalen</i>	Mother's Maiden Name	<i>Alta C. Hollins</i>
Cause of Death	Primary <i>Diphtheria</i> Immediate	How long sick <i>4 days</i> Accident, Suicide, Homicide	

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Name in Full

Certificate of Death

Devona Cedona Whalen.

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 1

Age

2.

7.

20

Ind.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Geo. A. Whalen.

Alta. C. Hollins.

Cause of

Primary

How long sick

3 or 4 days.

Death

Immediate

Membranous Group.

Accident, Suicide, Homicide

Reported by

C. N. Schietz

Address

Burkittsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lewis E Williar

Died at ^{Town} Sabillasville ^{County} Frederick

MARYLAND

Date 19 02 Month 1 Day 27 Age 81 . 8 . 7 Native of Sabillasville Occupation Farmer

Male White Married Widow ~~Single~~ ~~Widower~~ Number of children living 6

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Miranda Harbaugh

Father's Name Andrew Williar Mother's Name Margaret Prutsman

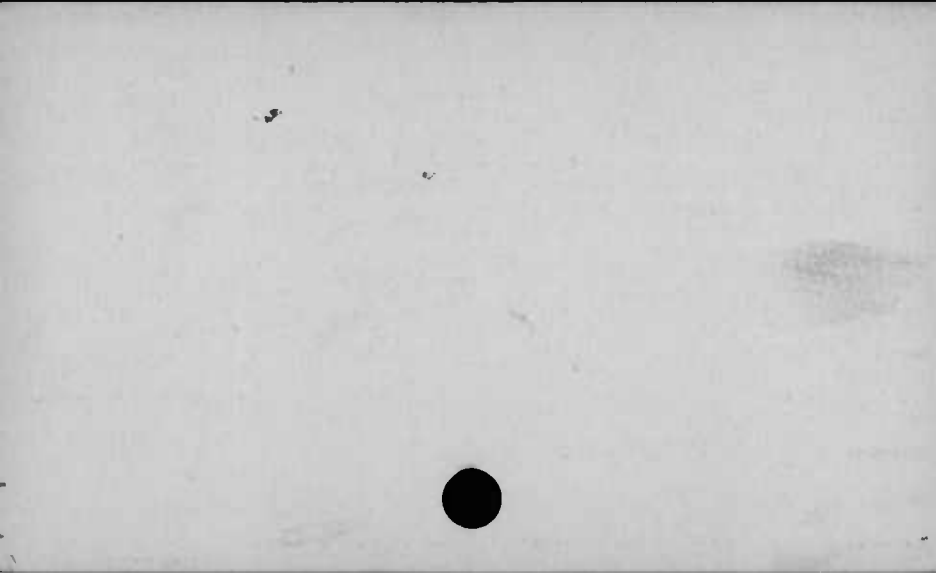
Cause of Death { Primary Old age Immediate La. Grippe } How long sick 3 days

10 ~~Accident, Suicide, Homicide~~

Reported by C. L. WachterAddress Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Otha Wilbur Miller

Died at Foxville Frederick MARYLAND
 Town County
 Date 19 02 Jan 17 Age 2 1 29 Co Child
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of _____
 Wife _____
 Father's Name Jos. E. Wilbur Mother's Name Clara J. McAnuff
 Maiden Name _____

Cause of Death { Primary Membranous Croup How long sick 2 da
 Immediate Asphyxia (Contagious) Accident, Suicide, Homicide

Reported by J. M. A. Birey
 Address Thurmont Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isaac Young

Town

County

Died at *near Middletown* *Fredenick*

MARYLAND

Date *1902* *Jan* *23* Age *73* Y. *2* M. *13* D. *13* Native of *Maryland* Occupation *Farmer*

Male *White* Married *Widow* ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Katharine A R Kann*

Father's Name *John Young* Mother's Name *Katharine*

Cause of Death Primary *Cerebral Softening + Progressive Paralysis* How long sick *2 years*

Immediate *Great exhaustion + paralysis* ~~Accident, Suicide, Homicide~~

Reported by *E L Beckley M D*Address *Middletown Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Josephus Kanner

undertaker

Bunkittsville

Ind